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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	10/539,291
<b>Filing Date</b>	June 16, 2005
<b>First Named Inventor</b>	Timothy Tak Chun YIP
<b>Title</b>	SERUM BIOMARKERS IN LUNG CANCER
<b>Art Unit</b>	None Yet Assigned
<b>Examiner Name</b>	None Yet Assigned
<b>Attorney Docket Number</b>	035394-0292

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54077

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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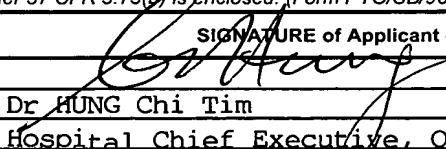
I am the:



Applicant/Inventor.


 Assignee of record of <sup>a 50%</sup> ~~the entire~~ interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	22.2.2006
Name	Dr. HUNG Chi Tim	Telephone	519-505-2190 852-2958 8883
Title and Company	Hospital Chief Executive, Queen Elizabeth Hospital, Hospital Authority, HKSAR, China		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	15 Mar 06
Name	John Storella	Telephone	510-505-2100
Title and Company	Vice President, CIPHERGEN Biosystems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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